



Robert Greene Sterne Jorge A. Goldstein David K.S. Cornwell Robert W. Esmond Tracy-Gene G. Durkin Michael B. Ray Robert E. Sokohl Eric K. Steffe Michael Q. Lee Steven R. Ludwig John M. Covert Robert C. Millonig Donald J. Featherstone Itmothy J. Shea, Jr Michael V. Messinger Judith U. Kim Patrick E. Garrett Jeffrey T. Helvey Eldora L. Ellison Thomas C. Fiala Donald R. Banowit Peter A. Jackman Jeffrey S. Weaver Brian J. Del Buono Mark Fox Evens Edward W. Yee Vincent L. Capuano Virgil Lee Beaston Theodore A. Wood Elizabeth J. Haanes Joseph S. Ostroff Frank R. Cottingham Daniel A. Klein Jason D. Eisenberg Michael D. Specht

Tracy L. Muller Jon E. Wright LuAnne M. DeSantis Ann E. Summerfield Helene C. Carlson Cynthia M. Bouchez Timothy A. Doyle Gaby L. Longsworth Lori A. Gordon Laura A. Vogel Bryan S. Wade Bashir M. S. Ali Shannon A. Carroll Anbar F. Khal Michelle K. Hokubek Marsha A. Rose Young Tang Christopher J. Walsh

W. Blake Coblentz* James J. Pohl* John T. Haran Mark W. Rygiel Kevin W. McCabe Michael R. Malek*

Registered Patent Agents-Karen R. Markowicz Marthew J. Dowd Katrina Vijian Pei Quach Bryan L. Skelton Robert A. Schwartzman Victoria S. Rutherford Simon J. Elliott Julie A. Heider Mita Mukherjee Scott M. Woodhouse Liliana Di Nola-Baron Peter A. Socarras Jeffrey K. Mills Danielle L. Letting Lori Brandes Steven C. Oppenheimer

<u>Of Counsel</u> Edward J. Kessler Kenneth C. Bass III Marvin C. Guthrie

*Admitted only in Maryland *Admitted only in Virginia •Practice Limited to Federal Agencies

October 4, 2006

WRITER'S DIRECT NUMBER: (202) 772-8817 INTERNET ADDRESS: BWADE@SKGF.COM

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 Art Unit 2152

Attn: Mail Stop RCE

Re:

U.S. Utility Patent Application

Appl. No. 10/758,282; Filed: January 16, 2004

2018.0050001

For: Method and System for Downloading Network Data at a Controlled

Data Transfer Rate
Inventors: COOPER et al.

Our Ref:

Sir:

Transmitted herewith for appropriate action are the following documents:

- 1. PTO Fee Transmittal Form (PTO/SB/17);
- 2. Petition for Extension of Time Under 37 C.F.R. 1.136(a);
- 3. Request for Continued Examination (RCE) Transmittal (PTO/SB/30);
- 4. Terminal Disclaimer to Obviate a Double Patenting Rejection Over A "Prior" Patent;
- 5. Amendment and Reply Under 37 C.F.R. § 1.114;
- 6. Copy of a Power of Attorney to Prosecute Applications Before the USPTO;
- 7. Statement Under 37 C.F.R. 3.73(b);
- 8. One (1) return postcard; and

Sterne, Kessler, Goldstein & Fox PLL.C.: 1100 New York Avenue, NW: Washington, DC 20005: 202.371.2600 f 202.371.2540: www.skqf.com

Commissioner for Patents October 4, 2006 Page 2

9. Credit Card Payment Form (PTO-2038) in the amount of \$1,940.00 to cover:

\$_790.00 - Request for Continued Examination (RCE) Fee;

\$1,020.00 - Petition for Three-Month Extension of Time Fee; and

\$ 130.00 - Terminal Disclaimer Fee.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier. In the event that extensions of time are necessary to prevent abandonment of this patent application, then such extensions of time are hereby petitioned.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

MP S. Water

Bryan S. Wade

Attorney for Applicants Registration No. 58,228

MVM/BSW:apg:smn Enclosures

583754_1.DOC

PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
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Resopursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Numl	ber	10/758,282	2	
				Filing Date		January 1		
OCT 0 4 2006 %) For	r FY 2	006		First Named Inve	entor ,	Jeremy S.	COOPE	R
Applicant sims small entity status. See 37 CFR 1.27				Examiner Name		El Hady, I	Nabil M.	
TOTAL AMOUNT OF PAYN			—[Art Unit		2152		
TO THE AMOUNT OF PAYM	MENT (\$)) 1,940.00		Attorney Docket	No.	2018.00500	01	
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
war 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING I	FEES Small Entity	SEARC	CH FEES	EXAM	INATION F		
Application Type	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (Small E (\$) Fee (\$		Fees Paid (\$)
Utility	300	150	500	250	200	-		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160			
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Each claim over 20 (including Reissues)							∍ (\$) 50	<u>Fee (\$)</u> 25
Each independent claim over 3 (including Reissues)							00	100
Multiple dependent claims							60	180
Total Claims								ndent Claims
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Indep. Claims	Extra Clain	ns Fee (\$)		Paid (\$)		360.	.00	0.00
3 - 3 or HP 3 - HP = highest number of indepe	0 endent claims	x <u>200.00</u> =	=0.0	00				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Shee	<u>ets</u> <u>Number</u>	<u>of each</u>	additional 50 or	fraction		<u>Fee (\$)</u>	Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Terminal Disclaimer/EOT/RCE Fees 1,940.00								
SUBMITTED BY								
Signature	20 4	water		egistration No.	50.5	, т	elephone	(202) 271 2722
lame (Print/Type) Bryan S.	Wadi	uttl	(A	Attorney/Agent)	58,2	228	ata.	(202) 371-2600
Bryan S.	wade					יו	a.c (October 4 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.